UNITED STATES DISTRICT COURT

for the

Northern District of Ohio

| TAMARA WAREKA p/k/a TAMARA WILLIAMS |))) |
|--|---------------------------------|
| Plaintiff(s) V. |) Civil Action No. 4:24-cv-1181 |
| SUSAN WOODS M D DERMATOLOGY INC; SUSAN WOODS, individually; and DOES 1-10, inclusive |))) |
| Defendant(s) | ý |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Susan Woods M D Dermatology Inc. 20 Ohltown Road
Suite 2 – second floor
Austintown, Ohio 44515

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mathew K. Higbee, Esq. HIGBEE & ASSOCIATES 3110 W. Cheyenne #200 N. Las Vegas, NV 89032 mhigbee@higbee.law

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 7/15/2024

SANDY OPACICH, CLERK OF COURT

s/IulianneDudash

Signature of Clerk or Deputy Clerk

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:24CV1181

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

| This summons for (na | me of individual and title, if any) | | |
|--------------------------|-------------------------------------|---|------------|
| received by me on (date) | • | | |
| ☐ I personally served | I the summons on the individual at | (place) | |
| | | on (d-ta) | |
| | at the individual's residence or us | | |
| | , a person of | f suitable age and discretion who resid | des there, |
| on (date) | , and mailed a copy to the | ne individual's last known address; or | |
| | | | 1 5 |
| | accept service of process on behal | C C | |
| | | | |
| | . 11 | | ; or |
| ☐ Other (specify): | | | |
| My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 |
| I declare under penal | ty of perjury that this information | is true. | |
| e: | | Server's signature | |
| | | BUTTOT B DISTRICT | |
| | | Printed name and title | |
| | | | |
| | | Server's address | |

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

| N | ort | hern | District | of | Ohio |
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| Notthern | District of Onio |
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| Defendant(s) |) |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Susan Woods M D Dermatology Inc. Susan Woods M D - Registered Agent 4325 Fountain Valley Canfield, Ohio 44406

A lawsuit has been filed against you.

7/15/2024

Date:

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

> Mathew K. Higbee, Esq. **HIGBEE & ASSOCIATES** 3110 W. Cheyenne #200 N. Las Vegas, NV 89032 mhigbee@higbee.law

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

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s/JulianneDudash

Signature of Clerk or Deputy Clerk

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| ceived by me on (date) | • | | |
|------------------------|-------------------------------------|--|------------|
| ☐ I personally served | the summons on the individual a | t (place) | |
| | | on (date) | |
| ☐ I left the summons | at the individual's residence or us | sual place of abode with (name) | |
| | , a person o | of suitable age and discretion who resid | les there, |
| on (date) | , and mailed a copy to t | he individual's last known address; or | |
| ☐ I served the summe | ons on (name of individual) | | , who i |
| designated by law to | accept service of process on beha | | |
| | | on (date) | ; or |
| ☐ I returned the sum | | | ; 0 |
| ☐ Other (specify): | | | |
| My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 |
| I declare under penalt | y of perjury that this information | is true. | |
| | | Server's signature | |
| | | SVI VI DOISHAIN V | |
| | W-10 | Printed name and title | |
| | | | |
| | | | |

Additional information regarding attempted service, etc: